

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) INDEPENDENCE USA PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00532705 </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Schoen Cooperman Research			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 31 / 2020</div> </div>		
Mailing Address 350 S. Collier Blvd Suite 308			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12500.00</div>		
City State Zip Code Marco Island FL 34145		Transaction ID : SE.4247 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>			
Purpose of Expenditure Research (Estimate)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate TRUMP, DONALD J., ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">54655791.55</div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee SKDKnickerbocker LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 31 / 2020</div> </div>		
Mailing Address 1150 18th Street, NW Suite 800			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35525.00</div>		
City State Zip Code Washington DC 20036		Transaction ID : SE.4245 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>			
Purpose of Expenditure Television Advertising Production (Estimate)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate TRUMP, DONALD J., ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">54643291.55</div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">48025.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Wolfson, Howard, , ,</u>			[Electronically Filed]		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2020</div> </div>

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NAME OF COMMITTEE (In Full) INDEPENDENCE USA PAC		FEC IDENTIFICATION NUMBER ▼ C C00532705	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020	
Mailing Address 1150 18th Street, NW Suite 800		Amount 37025.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.4249
Purpose of Expenditure Television Advertising Production (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH R JR, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2020	
Mailing Address 1150 18th Street, NW Suite 800		Amount 45025.00	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.4251
Purpose of Expenditure Television Advertising Production (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH R JR, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	82050.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	130075.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wolfson, Howard, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 01 / 2020

Signature